

MEDICAL PLANS COMPARISON CHART

| | EPOs | PPOs | |
|---|---|--|---|
| These plans are available to employees statewide | RAN+AMN EPO Schaller Anderson EPO | Arizona Foundation PPO Beech Street (Out-of-State only) | |
| In addition to the plans above, the following plans are offered to employees in Maricopa, Gila, Pinal, Pima, and Santa Cruz counties | UnitedHealthcare EPO | UnitedHealthcare PPO | |
| DEDUCTIBLE/MAXIMUMS | In-Network (Copayments) | In-Network (Copayments) | Out-of-Network (Out-of-Pocket) |
| PCP REQUIRED FOR EACH MEMBER? | NO | NO | NO |
| PCP REFERRAL REQUIRED TO SEE A SPECIALIST? | NO | NO | NO |
| PLAN YEAR DEDUCTIBLES | | | |
| INDIVIDUAL | N/A | N/A | \$300 |
| FAMILY | N/A | N/A | \$600 |
| OUT-OF-POCKET MAXIMUMS | | | |
| INDIVIDUAL | N/A | \$1,000 | \$3,000 |
| FAMILY | N/A | \$2,000 | \$6,000 |
| LIFETIME MAXIMUMS | N/A | N/A | \$2,000,000 |
| PHYSICIAN SERVICES Office Visits/consultations, Specialist visits/consultations | \$10 copay Max of 1 copay/day/provider | \$10 copay Max of 1 copay/day/provider | 30% |
| PREVENTATIVE CARE Well Baby, Child and Adult Physical Exams, Annual Well-Women Exams (GYN visit & PAP smear test) Annual Well-Man Exams (Office Visit & PSA blood test), Adult Immunizations (e.g., pneumonia, flu) | \$10 copay/visit | \$10 copay/visit | 30% |
| MAMMOGRAPHY SCREENING (Coverage based on patient age or threat) | N/A | N/A | 30% |
| OUTPATIENT SERVICES Freestanding ambulatory facility or hospital outpatient surgical center | N/A | N/A | 30% |
| HOSPITALIZATION SERVICES Room & Board (private room when medically necessary) | N/A | N/A | 30% |
| Intensive Care | N/A | N/A | 30% |
| Surgeons and Assistants, Anesthesiologists, Pathologists, Radiologist | N/A | N/A | 30% |
| EMERGENCY CARE Urgent Center Care | \$20 copay | \$20 copay | 30% |
| Emergency room | \$75 copay waived if admitted | \$75 copay waived if admitted | \$75 copay waived if admitted |
| Ambulance (for medical emergency or required interfacility transport) | N/A | N/A | Emergency paid at in-network benefit rate |
| PRESCRIPTION DRUGS Copays apply for in-network pharmacies only | | | |
| Retail: up to 30-day supply per copay Online/Mail-Order: up to 90-day supply for two copays | | | |
| Generic | \$10 copay | \$10 copay | \$10 copay |
| Preferred Brand | \$20 copay | \$20 copay | \$20 copay |
| Non-Preferred Brand | \$40 copay | \$40 copay | \$40 copay |